



LEXINGTON
Parks & Recreation

2020 Adult Pickleball Registration Form

(Open to ages 15 & up)

Please Print

For Office Use Only

Date Received _____

Amount Paid \$ _____

Check # _____

Receipt # _____

Participant's Name: _____

Gender ☐ M ☐ F

☐ New Participant

☐ Returning Participant

Street Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext. _____

Cell Phone: _____ Emergency Phone: _____

E-mail Address: _____

Emergency Contact: _____ Phone: _____

Does this participant require a special accommodation due to a disability
in order to fully participate in this program? [] Yes [] No

If Yes, what type of assistance needed? _____

MEDICAL CONSENT AGREEMENT AND RELEASE: I hereby authorize the Lexington-Fayette Urban County Government (its agents, employees, representatives, elected or appointed officials or designees and the agents or employees of its Division of Parks and Recreation, collectively referred to as "LFUCG"), to act for me according to their best judgment in an emergency requiring medical attention for me or my son, daughter, or ward and/or to treat me/my child for any injury/illness that I/he/she sustains during participation in any designated Parks and Recreation activity. I authorize admission to any hospital designated by LFUCG, if advance care (x-rays, tests, etc) is required. It is understood that every reasonable attempt will be made to notify the parent/guardian/named emergency contact of the participant in or to grant any additional authorization for any surgical procedure. Also, I waive and release the LFUCG from any and all liability for any injuries or illnesses incurred while participating in the above activity(s).

I understand that I am responsible for any costs incurred due to injuries received in participating in the above activity(s) covering medical and dental expenses. I further accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s).

Signature of Participant: _____ Date: _____

**cannot accept registration without signature*

WAIVER AND RELEASE AGREEMENT:

(1) I understand and agree that I or my child hereby voluntarily assumes any risk of injury that may arise out of my/his or her participation in the above activity(s) and that the LFUCG assumes no responsibility whatsoever for any injury or damages which may result to me or my child from participation in a Parks and Recreation activity(s).

(2) In consideration of the entry of me/my child into the Parks and Recreation activity(s), I, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators, do hereby waive, release and forever discharge the LFUCG from any and all claims, demands, damages, or injuries or causes of action whatsoever which may arise as a result of or in connection with, association or entry into in and/or arising out of, traveling to or from, and participation in the activity(s), and I hereby agree to hold the LFUCG harmless for any injury or damages or claims to person or property resulting from the above-mentioned participation.

(3) I hereby represent that the above participant is in good physical condition and has no disease or injury that would keep the participant from taking part in the activity(s) and I accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s).

(4) I allow the likeness or picture of me/my child to appear in any official documentary, sponsor advertisement or television coverage, whatsoever, of this capacity in any manner incidental to participation in this event/program without compensation to me, my heirs, executors, agents and/or administrators.

(5) I understand that Parks and Recreation will issue a 50% refund only if a refund request form is submitted 7 business days prior to the start of the activity, except in special circumstances such as medical reasons.

(6) I understand that, as a participant, parent, and/or spectator, my child and I are responsible to the Division of Parks and Recreation for our actions as related to participation in this sports activity in accordance with the Physical/Verbal Altercation Policy and playing rules. Any unsportsmanlike conduct, including, but not limited to, fighting, verbal abuse or racial and gender epithets involving fans, coaches, or players, will not be tolerated. A copy of the Division of Parks and Recreation Physical/Verbal Altercation Policy and Youth Sports Handbook is available on line or upon request from the Athletic Office.

I hereby assert that I fully understand and agree to these waivers and agreements.

Signature of Participant: _____ Date: _____

**cannot accept registration without signature*

****COMPLETE REGISTRATION ON REVERSE SIDE OF FORM or SECOND PAGE ON WEB SITE****

The Lexington-Fayette Urban County Government does not discriminate on the basis of race, sex, religion, handicap or national origin. It is our mission to provide quality parkland, recreational facilities, programs and open space for ALL.



2020 Adult Pickleball Registration Form

(Open to ages 15 & up)

Registration Period for Session 1: March 1 – April 17

**Schedules will be sent to email addresses. Both partners should provide email address to receive schedule.*

If no email address is listed, a schedule will be mailed to the street address listed below.

<p>Event Fee: \$15.00 (Full \$15 payment with Registration)</p> <p><u>Women's Singles</u></p> <p><input type="checkbox"/> Beginner 776000 -W1</p> <p><input type="checkbox"/> Intermediate 776000-W2</p> <p><input type="checkbox"/> Advanced 776000 -W3</p>	<p>Event Fee: \$30.00 (Full \$20 payment with Registration)</p> <p><u>Women's Doubles</u></p> <p><input type="checkbox"/> Beginner 776000 -W1</p> <p><input type="checkbox"/> Intermediate 776000-W2</p> <p><input type="checkbox"/> Advanced 776000 -W3</p> <p>Indicate partner information below:</p> <p>Name _____</p> <p>Street Address _____</p> <p>City _____ Zip _____</p> <p>Phone Number _____</p> <p>*E-Mail _____</p>
<p>Event Fee: \$30.00 (Full \$30 payment with Registration)</p> <p><u>Men's Singles</u></p> <p><input type="checkbox"/> Beginner 776000 -B1</p> <p><input type="checkbox"/> Intermediate 776000 -B2</p> <p><input type="checkbox"/> Advanced 776000 -B3</p>	<p>Event Fee: \$30.00 (Full \$30 payment with Registration)</p> <p><u>Men's Doubles</u></p> <p><input type="checkbox"/> Beginner 776000 -M1</p> <p><input type="checkbox"/> Intermediate 776000 -M2</p> <p><input type="checkbox"/> Advanced 776000 -M3</p> <p>Indicate partner information below:</p> <p>Name _____</p> <p>Street Address _____</p> <p>City _____ Zip _____</p> <p>Phone Number _____</p> <p>*E-Mail _____</p>
<p><u>Reminder</u></p> <p>\$15 per event</p> <p>Singles - \$15</p> <p>Doubles- \$30 (\$15 per person)</p> <p>(Full \$30 payment with Registration)</p>	<p>Event Fee: \$30.00 (Full \$30 payment with Registration)</p> <p><u>Mixed Doubles</u></p> <p><input type="checkbox"/> Beginner 776000 -X1</p> <p><input type="checkbox"/> Intermediate 776000 -X2</p> <p><input type="checkbox"/> Advanced 776000 -X3</p> <p>* Indicate partner information below:</p> <p>Name _____</p> <p>Street Address _____</p> <p>City _____ Zip _____</p> <p>Phone Number _____</p> <p>*E-Mail _____</p>

Participants may sign up for multiple events (example: Women's Doubles and Mixed Doubles).

PLEASE NOTE that the divisions may be mixed with the other divisions based on participant numbers (example: Men's Doubles Beginner will play against a Women's Doubles Beginner or a Mixed Doubles Beginner).

Season Begins May 4, 2020 Games will be played on Saturdays at Kirklevington Park.

Roster size is limited which means some levels might fill prior to the end of the registration period for the session. Registration for the Adult Pickleball League is accepted through the mail, delivery to the Athletic Office or online. Registrations are accepted on a first come, first-served basis.

Amount Enclosed: _____ **Check #:** _____

Mail, or deliver, completed forms and payment to: Athletics Office, ATT: Adult Pickleball, 545 N. Upper St., Lexington KY 40508.

Clinic participants will receive confirmation of registration in the form of a receipt for payment.

Lexington-Fayette Urban County Government
Division of Parks and Recreation Athletics Department
545 North Upper Street
Lexington, Kentucky 40508
Phone: (859) 288-2914 Fax: (859) 254-0142
www.lexingtonky.gov

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